

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ASHLEY ADAMS	:	
716 North Barrett Lane	:	
Christiana, DE 19702	:	DISTRICT COURT
PLAINTIFF	:	
	:	
v.	:	No. 04-251 JJF
	:	
JO ELLEN CHAPEN SHELDON	:	
708 Pebble Beach Drive	:	
Elkton, MD 21921	:	
	:	TRIAL BY JURY DEMANDED
DEFENDANT	:	

INTERROGATORIES DIRECTED TO THE PLAINTIFF¹

1. Please state your address, date of birth, social security number, State in which your driver's license was issued, your driver's license number and if you have ever been known by any name other than the one that appears in the caption of this case, list all names by which you have been known.

ANSWER:

2. If you ever made a claim for worker's compensation, please state your employer at the time of the injury, the name of your employer's insurer, its claim number, the nature of the injury sustained, whether the claim was disputed by your employer and the date of the injury.

ANSWER:

¹ These are continuing interrogatories, the answers to which must be kept current.

3. Identify the name, present and or last known residential and employment address and telephone number of each eyewitness to the incident alleged in the complaint and of each person having knowledge of facts relating to the litigation, noting those that were eyewitnesses. Give (a) the names of all persons who have been interviewed in connection with the litigation; (b) the names and present or last known residential and employment addresses and telephone numbers of persons who made said interviews and (c) the names, present and last known residential and employment addresses and telephone number of persons having original and copies of the interview.

ANSWER:

4. Itemize each physical and mental injury sustained by you in the incident described in the pleadings, and when each symptom first appeared and if you claim any of your injuries are permanent, describe the part of your body affected and identify the name, address and telephone number of each doctor who has told you these injuries are permanent.

ANSWER:

5. State, in chronological order, the name and address of each doctor, hospital and/or health care provider who has attended

you or whom you have consulted for the injuries you allege to have received in the incident, and identify the dates of each treatment, consultation or examination of you by each doctor, hospital and/or health care provider, respectively, and as to each doctor, hospital and health care provider listed, state the date you last saw or visited the same for the injuries you allege.

ANSWER:

6. If you will be required or have been advised to undergo future medical treatment or surgical procedure as a result of any injuries you allegedly received in the accident identify the name and address of the doctor or health care provider who advised you that such medical treatment or surgical procedure would be required or advisable.

ANSWER:

7. If diagnostic tests (including but not limited to x-rays, CT-Scans, MRI's, thermograms, etc.) were performed as a result of the incident, identify the dates of each of the diagnostic tests performed and the name and address of the person or firm who performed said diagnostic tests.

ANSWER:

8. Give the names and addresses of all doctors or other health care providers not previously listed who have examined you or treated you in the past ten years and the date on which such examination or treatment took place. With regard to any treatment you have received from any doctor or other healthcare provider describe the treatment rendered for each date.

ANSWER:

9. Before the incident alleged in the pleadings, if you were ever injured in any manner whatsoever, identify as to each injury, how you were injured, the date on which you were injured, the nature and duration of treatment for the injury, and the name and address of each person who treated you for the same.

ANSWER:

10. If you have sustained any injuries of any nature after the

incident alleged in the pleadings, identify, as to each injury, how you were injured, the date on which you were injured, the extent of said injury, the nature and duration of the treatment for the injury, and the name and address of each person who treated you for the same.

ANSWER:

11. If you have ever suffered any illness or condition which produced the same or similar problems to those caused by the incident in question, identify for each illness and condition, the nature of the illness or condition, the year in which it occurred, what treatment was given, the name and address of each person or facility which gave such treatment, and the outcome of the illness or condition.

ANSWER:

12. Identify any illnesses, infirmities, diseases, or injuries you had or were told you had during the ten years preceding the incident alleged in the pleadings and identify the names and addresses of any doctor or hospital rendering treatment for such conditions.

ANSWER:

13. Give the names, addresses and telephone numbers of all doctors you have ever considered to be your family doctor.

ANSWER:

14. Identify the names and addresses of all medical facilities where you have ever been admitted, together with the date of admission to and release from such facility.

ANSWER:

15. Identify any documents, including but not limited to, reports, letters, office notes, etc., from any doctors or other health care providers regarding your medical condition and/or the causes thereof including their date, author and recipient.

ANSWER:

16. If you claim the right to recover any "out-of-pocket" expenses, including but not limited to medical expenses, state the dollar amount of such expenses and, as to each such amount, state the date when it was incurred, the name and address of the person or organization to whom it was incurred and a description of the goods or services for which it was incurred.

ANSWER:

17. If you claim the right to recover expenses in the future, including but not limited to medical expenses, in connection with the injuries resulting from the alleged incident, state the approximate dates when such expenses will be incurred, give an itemized statement of the amount of each such expense which will be incurred and a description of the service or goods for which such expense will be incurred, and the name and address of any expert having knowledge such expense will probably be incurred.

ANSWER:

18. Identify all other documents not previously identified which you contend support the facts alleged in the pleadings.

ANSWER:

19. If you claim any loss of income as a result of the incident which is the subject of this litigation, state the amount of income you claim to have lost as a result of the accident, the specific inclusive dates when you claim to have been unable to work as a result of the accident, and the names and addresses of all employers and immediate supervisors who can verify your claim for loss of earnings.

ANSWER:

20. If you claim loss of earning power as a result of the incident which is the subject of this litigation state the total dollar value of the earning power you claim to have lost, the rate of income which you would have been able to receive except for the accident (as, for instance, \$1 per hour, \$50 per week, etc.), and the name and address of the persons or organizations by whom you could have been employed during the period when you claim to have sustained a loss of earning power;

ANSWER:

21. If you claim that you would have been employed during the periods of your disability, or were promised employment, state the name and address of the person or organization which would have been your employer during the period of time when you claim to have lost income.

ANSWER:

22. If you claim that you would have been or could have been self-employed during the period of your disability, state the type of work in which you would have or could have been involved and the amount of money you claim you would have earned during the period of your disability.

ANSWER:

23. Identify all law suits to which you are or have ever been a party and include in your answer as to each law suit whether you were a plaintiff or defendant, the date, place, name of court, and case number of the law suit, the name of the other parties to the law suit, the nature of the law suit, the present status of the law

suit and if the case has terminated or settled, please provide the dollar amount of the judgment or settlement.

ANSWER:

24. Identify: (a) each person who you expect to call as an expert witness at the trial of this suit, the subject matter on which the expert is expected to testify, substance of the facts and opinions to which the expert is expected to testify, a summary of the grounds for each opinion; and (b) each person who you intend to call as a lay witness at the trial of this suit, and the general nature and subject matter of each person's testimony.

ANSWER:

25. Identify any no-fault/PIP coverage, or any other coverage for medical expenses and lost wages, available or potentially available, to the plaintiff as a result of the alleged incident, including the name and address of all companies insuring the risk, the policy number(s) and claim number(s), and the amount of insurance and if such coverage existed but is or was not available, state the name and address of the insurance carrier providing this

coverage, the policy number and the claim number, the date that this coverage lapsed or otherwise became unavailable, and why the coverage lapsed or otherwise became unavailable.

ANSWER:

/S/Beth H. Christman
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